

215040917
62873

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

2	Total Number of Vehicles	Local No./ District 116	Agency Case No. B5-092989	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1								
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/06/2015		TIME OF ACCIDENT 0830	STATE USE ONLY									
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0833	10/06/2015									
B 65	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. NORTH 27TH STREET		PRIVATE PROPERTY? <input checked="" type="radio"/> YES <input type="radio"/> NO	LATITUDE									
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE									
D 2	IF AT INTERSECTION		IF NOT AT INTERSECTION											
		NAME OF INTERSECTING ROADWAY		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING										
		KENSINGTON												
V1/M 16	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN													
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN									
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO									
VEHICLE NO. 1														
F 1	DRIVER LICENSE NO.	984114103		STATE (Of License)	IA	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE								
V1/N 2	DRIVER	BRIAN A WEBER		PHONE	5158030448									
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	07/26/1984									
G 4	OWNER	QUALITY STRIPING INC.		PHONE	5152891370									
H 2	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB491832									
V1/O 2	LICENSE PLATE	TE NO.	DHR431	YEAR (Plate Expires)	2015	STATE (Of Plate) IA								
V2/O 4	VEHICLE	YEAR	1994	MAKE	Isuzu	MODEL	NPR	BODY STYLE	Single Unit Tru	COLOR	white	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 2500	
I 1	VEHICLE ID NO. (VIN)	4KLB4B1A1RJ002038		INSURANCE COMPANY		LIBERTY MUTUAL								
J 01	TOWED TO			TOWED BY			POLICY NO.	AS2Z91457303025						
VEHICLE NO. 2														
V1/P 1	DRIVER LICENSE NO.	H13726492		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE								
V2/P 1	DRIVER	MARGARET A KEIM		PHONE	4024359803									
J 01	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	03/22/1934									
K 02	OWNER	MARGARET KEIM		PHONE	4024359803									
L 01	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.									
V1/Q 4	LICENSE PLATE	PA NO.	TLZ625	YEAR (Plate Expires)	2016	STATE (Of Plate) NE								
V2/Q 1	VEHICLE	YEAR	1998	MAKE	Plymouth	MODEL	BREEZE	BODY STYLE	4 door Sedan	COLOR	green	ESTIMATED DAMAGE	<input checked="" type="radio"/> TOALED \$	
M 02	VEHICLE ID NO. (VIN)	1P3EJ46X8WN109347		INSURANCE COMPANY		TRUMBULL INSURANCE								
N 02	TOWED TO	INSELMAN'S BODY SHOP		TOWED BY	AAA TOWING		POLICY NO.	55PHT450634-351952						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME		ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		03/22/1934		01	1	03	4	1	F
2	MARGARET A KEIM		5501 SEA MOUNTAIN ROAD #C207, LINCOLN, NE 6852											
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.								
VEH. #	NAME		ADDRESS											
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.								
VEH. #	NAME		ADDRESS											
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.								

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092989

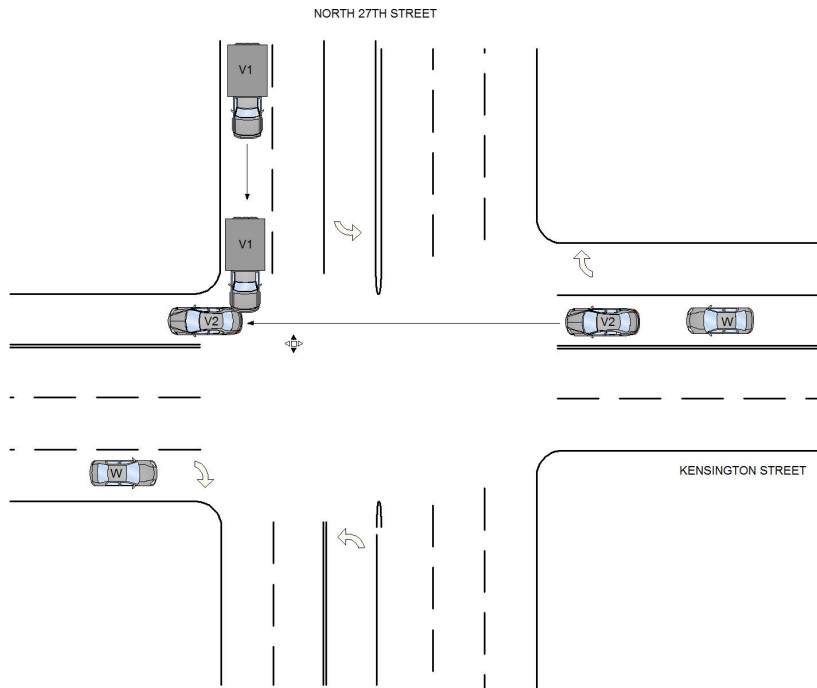


LEGEND
POI (APPROXIMATE): 47'6" SOUTH
OF NORTH CURB OF KENSINGTON
20' EAST OF WEST CURB OF
NORTH 27TH STREET

TRAFFIC SIGNAL: BLACK
INDICATES RED SIGNAL, WHITE
INDICATES GREEN SIGNAL

W= WITNESS IN VEHICLE

Not To Scale



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of Vehicle #1 said he was operating his truck Southbound on North 27th Street, approaching Kensington Street. He said he was distracted by attempting to manipulate the radio, and did not observe the signal at Kensington was Red. He said 'I blew through the intersection', and struck vehicle #2. Driver of Vehicle #2 said she was operating her vehicle Westbound on Kensington, across 27th Street with a green signal, when her vehicle was struck by Vehicle #1. Witnesses both state that the signal for Vehicle #1 was Red, and Vehicle #2 was Green.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME ADDRESS DANYA D ARROYO 1461 HARTLEY STREET, LINCOLN, NE 68521				PHONE 4026172831
	NAME ADDRESS THOMAS J WALKER 18989 NW 89TH STREET, RAYMOND, NE				PHONE 4024804450

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	1		
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME														
1		X			NORTH 27TH ST														
2				X	KENSINGTON														
1	01				06 Turning left				POINT OF IMPACT		01	POINT OF IMPACT		04					
2	01				08 Entering traffic lane				MOST DAMAGED AREA		01	MOST DAMAGED AREA		04					
				01 Essentially straight ahead				00 None				02		03		04			
				02 Backing				09 Top & windows				01				05			
				03 Changing lanes				10 Undercarriage				08				07			
				04 Overtaking/ Passing				11 Total (all areas)											
				05 Turning right				12 Other											
				06 Turning left															
				07 Making U-turn															
				08 Entering traffic lane															
				09 Leaving traffic lane															
				10 Parked															
				11 Slowing or stopped in traffic															
				12 Other															
				13 Unknown															

OFFICER NO. 956	TROOP/ TEAM/ BEAT NW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Chris Ehrhorn		INVESTIGATOR SIGNATURE Approved by Chris Ehrhorn	DATE OF REPORT 10/06/2015

215040917
62873

State of Nebraska

Investigator's Supplemental Truck and Bus Accident Report

This form must be completed in **addition** to the DR Form 40, "Investigator's Motor Vehicle Accident Report," if any of the vehicles involved meet the criteria listed on the back of this form.

Sheet 3 of 3

LOCAL NO./DISTRICT 116		DATE OF ACCIDENT 10/06/2015	COUNTY Lancaster	CITY Lincoln	STATE USE ONLY	
AGENCY CASE NO. B5-092989		OCCURRED ON HIGHWAY/ROAD/STREET NORTH 27TH STREET				
TRUCK / BUS - 1						
DRIVER (Print or type full name) BRIAN A WEBER			CARRIER IDENTIFICATION 1 U.S. DOT 1991453		1 ICC MC	
CARRIER NAME (Print or type full name) QUALITY STRIPING INC.			GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers)		<input checked="" type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input type="checkbox"/> More than 26,000 Lbs.	
CARRIER ADDRESS (Street or R.F.D.) 1704 E EUCLID STREET, DESMOINES, IA 50313			CITY, STATE, ZIP			
TRAILER LICENSE PLATE No.		Year	State			
COMMERCE CLASSIFICATION (Check one)		TRUCK WIDTH (Widest part of truck or trailer)		DRIVER'S LICENSE CLASS CODE		
1 <input checked="" type="checkbox"/> Interstate Commerce 2 <input type="checkbox"/> Intrastate Commerce 3 <input type="checkbox"/> Not Applicable		1 <input checked="" type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify)		A <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> C <input checked="" type="checkbox"/>		
HAZARDOUS MATERIAL INVOLVED						
Did vehicle have a Haz Mat Placard? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No. _____		Was hazardous cargo released? (Do not count fuel from fuel tank) 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		
TRUCK / BUS - 2						
DRIVER (Print or type full name)			CARRIER IDENTIFICATION 1 U.S. DOT		1 ICC MC	
CARRIER NAME (Print or type full name)			GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers)		<input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input type="checkbox"/> More than 26,000 Lbs.	
CARRIER ADDRESS (Street or R.F.D.)			CITY, STATE, ZIP			
TRAILER LICENSE PLATE No.		Year	State			
COMMERCE CLASSIFICATION (Check one)		TRUCK WIDTH (Widest part of truck or trailer)		DRIVER'S LICENSE CLASS CODE		
1 <input type="checkbox"/> Interstate Commerce 2 <input type="checkbox"/> Intrastate Commerce 3 <input type="checkbox"/> Not Applicable		1 <input type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify)		A <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/>		
HAZARDOUS MATERIAL INVOLVED						
Did vehicle have a Haz Mat Placard? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No. _____		Was hazardous cargo released? (Do not count fuel from fuel tank) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
BUS USE						
1 <input checked="" type="checkbox"/> Not a Bus 2 <input type="checkbox"/> Transit Bus 3 <input type="checkbox"/> Charter Bus 4 <input type="checkbox"/> School Bus 5 <input type="checkbox"/> Intercity Bus 6 <input type="checkbox"/> Not Reported 7 <input type="checkbox"/> Other						